

HCBS Settings Transition Provider Self-Assessment Tool: Non-Residential

Section A: Provider Information

Provider Name:		Date Completed:	
Site Name:		Phone:	
Address:		City:	Zip Code:
Names and Roles of those Completing this Assessment:		Email Address:	
Number of Medicaid HCBS Individuals Served at this Location:		HCBS Provider Type:	<i>Residential Facility, /Supported Living, Assisted Living Facility; if other please specify</i>
Services Provided at this Location:		Waivers Served:	<i>Acquired Brain Injury, Aging Waiver, Community Supports, New Choices</i>

RESPONSES TO THIS SELF-ASSESSMENT TOOL MUST NOT CONTAIN ANY CONFIDENTIAL OR PROTECTED HEALTH INFORMATION PERTAINING TO CLIENTS. THIS INCLUDES IDENTIFIABLE DEMOGRAPHIC DATA, INFORMATION ABOUT THE PHYSICAL OR MENTAL HEALTH CONDITION(S) OF AN INDIVIDUAL, OR ANY INFORMATION REGARDING TREATMENT REGIMENS OR PAYMENT HISTORY FOR HEALTHCARE SERVICES PROVIDED TO AN INDIVIDUAL.

PLEASE PROVIDE CITATIONS ONLY FOR POLICIES, HANDBOOKS, TRAINING CURRICULUM, & MATERIALS.

Section B: CMS HCBS Community Rule: Self-Assessment and Planning Tool for Non-Residential Settings

Characteristic 1: The setting is integrated in and supports full access of individuals receiving Medicaid HCBS to the greater community, including opportunities to seek employment and work in competitive integrated settings, engage in community life, control personal resources, and receive services in the community, to the same degree of access as individuals not receiving Medicaid HCBS. 42 CFR 441.301(c)(4)(i)/441.710(a)(1)(i)/441.530(a)(1)(i)

Indicator	Yes, No, N/A	Evidence and Analysis to Demonstrate why the Setting is in Compliance or Not in Compliance
1. Is the setting in a public or privately-owned facility that provides inpatient treatment? <i>-If yes, please provide the name and type of facility.</i>		
2. Is the setting on the grounds of, or immediately adjacent to, a public institution? <i>-If yes, please provide the name and type of public institution.</i>		
3. Is the setting located in a gated/secured community for people with disabilities? <i>-If yes, please provide the name and a description of the community.</i>		
4. Is the setting in the community/building located among other residential buildings, private businesses, retail businesses, restaurants, etc. that facilitates integration with the greater community? <i>-If no, please describe the setting's location.</i>		
5. Does the setting allow the individual(s) the freedom to move about inside and outside of the setting as opposed to one restricted room or area within the setting? <i>-If yes, please provide evidence.</i> <i>-If no, what limitations exist and why?</i>		

Indicator	Yes, No, N/A	Evidence and Analysis to Demonstrate why the Setting is in Compliance or Not in Compliance
<p>6. Does the setting provide individual HCBS in an area of the setting that is fully integrated with individuals not receiving Medicaid HCBS? <i>-If yes, please provide evidence.</i> <i>-If no, what limitations exist and why?</i></p>		
<p>7. Can the individual(s) come and go at any time? <i>-If yes, please provide evidence.</i> <i>-If no, what limitations exist and why?</i></p>		
<p>8. Is the setting physically accessible, including access to bathrooms and break rooms, and are appliances, equipment, and tables/desks at a convenient height and location with no obstructions such as steps, lips in a doorway, narrow hallways, etc., limiting individuals' mobility in the setting? If obstructions are present, are there environmental adaptations such as a stair lift or elevator to ameliorate the obstructions? <i>-If yes, please provide evidence.</i> <i>-If no, what limitations exist and why?</i></p>		
<p>9. Can the individual(s) have visitors at any time? <i>-If yes, please provide evidence.</i> <i>-If no, what limitations exist and why?</i></p>		
<p>10. Are visitors welcomed and encouraged? <i>-If yes, please provide evidence.</i> <i>-If no, what limitations exist and why?</i></p>		
<p>11. Does the setting afford opportunities for individual schedules that focus on the needs and desires of the individual(s) and opportunities for individual growth? <i>-If yes, please provide evidence.</i> <i>-If no, what limitations exist and why?</i></p>		
<p>12. Does the setting restrict individuals from having knowledge of or access to information regarding age-appropriate activities including competitive work, shopping, attending religious services, medical appointments, dining out, etc. outside of the setting, and who in the setting will facilitate and support access to these activities? <i>-If yes, please provide evidence.</i> <i>-If no, what limitations exist and why?</i></p>		
<p>13. In settings where the individual(s) are of working age, is there activity with the individual(s) to pursue work as an option? <i>-If yes, please provide evidence.</i> <i>-If no, what limitations exist and why?</i></p>		

Indicator	Yes, No, N/A	Evidence and Analysis to Demonstrate why the Setting is in Compliance or Not in Compliance
14. Do employment settings provide the individual(s) with the opportunity to participate in negotiating their work schedule, break/lunch times and leave and medical benefits with the employer to the same extent as individuals not receiving Medicaid funded HCBS? <i>-If yes, please provide evidence.</i> <i>-If no, what limitations exist and why?</i>		
15. In settings where personal budget assistance is part of the service, does the setting facilitate the opportunity for the individual(s) to have a checking or savings account or other means to have access to and control personal funds? <i>-If yes, please provide evidence.</i> <i>-If no, what limitations exist and why?</i>		
16. Are the individual(s) informed that they are not required to sign over their paychecks to the provider? <i>-If yes, please provide evidence.</i> <i>-If no, what limitations exist and why?</i>		
17. Does the setting provide the individual(s) with contact information, access to and training on the use of public transportation, such as buses, taxis, etc., and are these public transportation schedules and telephone numbers available in a convenient location? <i>-If yes, please provide evidence.</i> <i>-If no, what limitations exist and why?</i>		
18. Where public transportation is limited, does the setting provide information about resources for the individual(s) to access the broader community, including accessible transportation for individuals who use wheelchairs? <i>-If yes, please provide evidence.</i> <i>-If no, what limitations exist and why?</i>		
OVERALL ASSESSMENT OF COMPLIANCE FOR CHARACTERISTIC 1	Yes, No, Partial	Comments or Additional Information
This setting has demonstrated compliance with Settings Characteristic 1.		
Characteristic 2: The setting is selected by the individual from among setting options, including non-disability specific settings and an option for a private unit in a residential setting. The settings options are identified and documented in the person-centered plan and are based on the individual's needs, preferences, and, for residential settings, resources available for room and board. 42 CFR 441.301(c)(4)(ii)/ 441.710(a)(1)(ii)/441.530(a)(1)(ii)		
Indicator	Yes, No, N/A	Evidence and Analysis to Demonstrate why the Setting is in Compliance or Not in Compliance
19. Does the setting reflect individual needs and preferences? <i>-If yes, please provide evidence.</i> <i>-If no, what limitations exist and why?</i>		

Indicator	Yes, No, N/A	Evidence and Analysis to Demonstrate why the Setting is in Compliance or Not in Compliance
<p>20. Does the setting restrict access to non-disability-specific settings, such as competitive employment in an integrated public setting, volunteering in the community, or engaging in general non-disabled community activities such as those available at a YMCA?</p> <p><i>-If no, please provide evidence.</i> <i>-If yes, what limitations exist and why?</i></p>		
<p>OVERALL ASSESSMENT OF COMPLIANCE FOR CHARACTERISTIC 2</p>	<p>Yes, No, Partial</p>	<p>Comments or Additional Information</p>
<p>This setting has demonstrated compliance with Settings Characteristic 2.</p>		
<p>Characteristic 3: The setting ensures an individual's rights of privacy, dignity, and respect, and freedom from coercion and restraint. 42 CFR 441.301(c)(4)(iii)/441.710(a)(1)(iii)/441.530(a)(1)(iii)</p>		
Indicator	Yes, No, N/A	Evidence and Analysis to Demonstrate why the Setting is in Compliance or Not in Compliance
<p>21. Is all information about individual(s) kept private? For instance, do paid staff/providers follow confidentiality policy/practices and does staff within the setting ensure that, for example, there are no posted schedules of the individual(s) for PT, OT, medications, restricted diet, etc., in a general open area?</p> <p><i>-If yes, please provide evidence.</i> <i>-If no, what limitations exist and why?</i></p>		
<p>22. Do setting requirements assure that staff do not talk to other staff about the individual(s) in the presence of other persons or in the presence of an individual as if he/she were not present?</p> <p><i>-If yes, please provide evidence.</i> <i>-If no, what limitations exist and why?</i></p>		
<p>23. Does the setting assure that staff interact and communicate with the individual(s) respectfully and in a manner in which they would like to be addressed, while providing assistance during the regular course of daily activities?</p> <p><i>-If yes, please provide evidence.</i> <i>-If no, what limitations exist and why?</i></p>		
<p>24. In settings with more than one individual, does the setting ensure that each individual's supports and plans to address behavioral needs are specific to the individual and not the same as everyone else in the setting?</p> <p><i>-If yes, please provide evidence.</i> <i>-If no, what limitations exist and why?</i></p>		
<p>25. In settings with more than one individual, does the setting ensure that each individual's supports and plans to address behavioral needs are not restrictive to the rights of every individual receiving support within the setting?</p> <p><i>-If yes, please provide evidence.</i> <i>-If no, what limitations exist and why?</i></p>		

Indicator	Yes, No, N/A	Evidence and Analysis to Demonstrate why the Setting is in Compliance or Not in Compliance
26. Does the setting policy require that the individual(s) and/or their representative grant informed consent prior to the use of restraints and/or restrictive interventions and document these interventions in the person-centered plan? <i>-If yes, please provide evidence.</i> <i>-If no, what limitations exist and why?</i>		
27. Does the setting offer a secure place for the individual(s) to store personal belongings? <i>-If yes, please provide evidence.</i> <i>-If no, what limitations exist and why?</i>		
28. Is information about filing a complaint made readily available and does the setting inform the individual(s) of how to make a complaint? <i>-If yes, please provide evidence.</i> <i>-If no, what limitations exist and why?</i>		
29. Is informal (written and oral) communication conducted in a language that the individual(s) understand? <i>-If yes, please provide evidence.</i> <i>-If no, what limitations exist and why?</i>		
30. Does the setting support individuals who need assistance with their personal appearance, dress, and grooming to appear as they desire, and is personal assistance provided in private, as appropriate? <i>-If yes, please provide evidence.</i> <i>-If no, what limitations exist and why?</i>		
OVERALL ASSESSMENT OF COMPLIANCE FOR CHARACTERISTIC 3	Yes, No, Partial	Comments or Additional Information
This setting has demonstrated compliance with Settings Characteristic 3.		
Characteristic 4: The setting optimizes, but does not regiment individual initiative, autonomy, and independence in making life choices, including but not limited to, daily activities, physical environment, and with whom to interact. 42 CFR 441.301(c)(4)(iv)/441.710(a)(1)(iv)/441.530(a)(1)(iv)		
Indicator	Yes, No, N/A	Evidence and Analysis to Demonstrate why the Setting is in Compliance or Not in Compliance
31. Does the setting ensure there are no gates, Velcro strips, locked doors, fences or other barriers preventing individuals' entrance to or exit from certain areas of the setting? <i>-If yes, please provide evidence.</i> <i>-If no, what limitations exist and why?</i>		
32. If the setting modifies the HCBS Settings qualities and conditions, is this modification supported by an assessed need justified in the person-centered service plan prior to implementation? <i>-If yes, please provide evidence.</i> <i>-If no, what limitations exist and why?</i>		

Indicator	Yes, No, N/A	Evidence and Analysis to Demonstrate why the Setting is in Compliance or Not in Compliance
33. Does documentation note the positive interventions and supports that were used prior to any plan modifications? <i>-If yes, please provide evidence.</i> <i>-If no, what limitations exist and why?</i>		
34. Does documentation note the less intrusive methods of meeting the need that were used prior to any plan modifications? <i>-If yes, please provide evidence.</i> <i>-If no, what limitations exist and why?</i>		
35. Does the setting post or provide information on individual rights? <i>-If yes, please provide evidence.</i> <i>-If no, what limitations exist and why?</i>		
36. Does the setting allow the individual(s) to engage in legal activities (ex. voting when 18 or older, consuming alcohol when 21 or older) in a manner consistent with individuals who are not receiving Medicaid funded services and supports? <i>-If yes, please provide evidence.</i> <i>-If no, what limitations exist and why?</i>		
37. Does the physical environment support a variety of individual goals and needs (for example, does the setting provide indoor and outdoor gathering spaces; does the setting provide for larger group activities as well as solitary activities; does the setting provide for stimulating as well as calming activities)? <i>-If yes, please provide evidence.</i> <i>-If no, what limitations exist and why?</i>		
38. Does the setting afford the opportunity for tasks and activities matched to individual skills, abilities and desires? <i>-If yes, please provide evidence.</i> <i>-If no, what limitations exist and why?</i>		
39. Does the setting afford opportunities for the individual(s) to choose with whom to do activities, either in the setting or outside the setting, and is participation voluntary? <i>-If yes, please provide evidence.</i> <i>-If no, what limitations exist and why?</i>		
40. Can the individual(s) have a meal/snacks at the time and place of their choosing? <i>-If yes, please provide evidence.</i> <i>-If no, what limitations exist and why?</i>		
41. Does the setting afford the individual(s) full access to a dining area with comfortable seating and opportunity to converse with others during break or meal times? <i>-If yes, please provide evidence.</i> <i>-If no, what limitations exist and why?</i>		

Indicator	Yes, No, N/A	Evidence and Analysis to Demonstrate why the Setting is in Compliance or Not in Compliance
42. In settings where meals are provided, does the setting provide for an alternative meal and/or private dining if requested by the individual(s)? <i>-If yes, please provide evidence.</i> <i>-If no, what limitations exist and why?</i>		
43. Do individuals have access to food at any time consistent with individuals who are not receiving Medicaid-funded services and supports? <i>-If yes, please provide evidence.</i> <i>-If no, what limitations exist and why?</i>		
44. Does the setting afford dignity to the diners (i.e., the individual(s) are treated age appropriately and not required to wear bibs)? <i>-If yes, please provide evidence.</i> <i>-If no, what limitations exist and why?</i>		
OVERALL ASSESSMENT OF COMPLIANCE FOR CHARACTERISTIC 4	Yes, No, Partial	Comments or Additional Information
This setting has demonstrated compliance with Settings Characteristic 4.		
Characteristic 5: The setting facilitates individual choice regarding services and supports, and who provides them. 42 CFR 441.301(c)(4)(v)/441.710(a)(1)(v)/441.530(a)(1)(v)		
Indicator	Yes, No, N/A	Evidence and Analysis to Demonstrate why the Setting is in Compliance or Not in Compliance
45. Does the setting restrict the services, providers, or supports available to the individual(s)? <i>-If no, please provide evidence.</i> <i>-If yes, what limitations exist and why?</i>		
46. Does the setting afford the individual(s) the opportunity to update or change their preferences at any time? <i>-If yes, please provide evidence.</i> <i>-If no, what limitations exist and why?</i>		
47. Does the setting post or provide information to the individual(s) about how to make a request for additional HCBS, or changes to their current HCBS? <i>-If yes, please provide evidence.</i> <i>-If no, what limitations exist and why?</i>		
48. Does the setting ensure the individual(s) receive support in developing plans to support their needs and preferences? <i>-If yes, please provide evidence.</i> <i>-If no, what limitations exist and why?</i>		
49. Is setting staff knowledgeable about the capabilities, interests, preferences and needs of the individual(s)? <i>-If yes, please provide evidence.</i> <i>-If no, what limitations exist and why?</i>		

Indicator	Yes, No, N/A	Evidence and Analysis to Demonstrate why the Setting is in Compliance or Not in Compliance
50. Does the setting ensure the individual(s) are supported to make decisions and exercise autonomy to the greatest extent possible? <i>-If yes, please provide evidence.</i> <i>-If no, what limitations exist and why?</i>		
OVERALL ASSESSMENT OF COMPLIANCE FOR CHARACTERISTIC 5	Yes, No, Partial	Comments or Additional Information
This setting has demonstrated compliance with Settings Characteristic 5.		
Characteristic 6: The setting enforces the Home and Community-Based Settings Regulation requirements. 42 CFR 441.301(c)(4)/441.710(a)(1)/441.530(a)(1)		
Indicator	Yes, No, N/A	Evidence and Analysis to Demonstrate why the Setting is in Compliance or Not in Compliance
51. Do paid and unpaid staff receive new hire training and continuing education related to the rights of the individual(s) receiving services and member experience as outlined in HCBS Settings rules? <i>-If yes, please provide evidence.</i> <i>-If no, what limitations exist and why?</i>		
52. Are provider policies outlining participant rights and experiences made available when requested to the individual(s) receiving services? <i>-If yes, please provide evidence.</i> <i>-If no, what limitations exist and why?</i>		
53. Are provider policies on HCBS Settings rules regularly reassessed for compliance and effectiveness and amended, as necessary? <i>-If yes, please provide evidence.</i> <i>-If no, what limitations exist and why?</i>		
54. Do you have any additional questions or concerns specific to the Home and Community-Based Settings Regulation requirements?		
OVERALL ASSESSMENT OF COMPLIANCE FOR CHARACTERISTIC 6	Yes, No, Partial	Comments or Additional Information
This setting has demonstrated compliance with Settings Characteristic 6.		
OVERALL ASSESSMENT OF COMPLIANCE FOR HCBS SETTINGS RULE	Yes, No, Partial	Comments or Additional Information
This setting has demonstrated compliance with Settings Rule Characteristics 1-6.		

The Department of Health, Bureau of Authorization and Community Based Services wishes to thank all providers for taking the time to complete this Self-Assessment.